

RECEIVED

By U.S. Marshals Service, Eastern Wisconsin at 1:20 pm, Nov 10, 2021

U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURNSee ["Instructions for Service of Process by U.S. Marshal"](#)

PLAINTIFF Kelly Rainey	COURT CASE NUMBER 21-CV-1185
DEFENDANT Lewis et al	TYPE OF PROCESS Complaint, Orders, Notice, Waiver

SERVE **AT** { NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT { ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Kelly Rainey 3228 Vera Ct Mount Pleasant, WI 53403	Number of process to be served with this Form 285
	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Employed at Racine Sheriff's Office

Signature of Attorney or other Originator requesting service on behalf of: Kelly Rainey	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
			11/10/2021

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 89	District to Serve No. 89	Signature of Authorized USMS Deputy or Clerk <i>Yvonne L. Gardner</i>	Date 11/10/2021
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date	Time	<input type="checkbox"/> am <input type="checkbox"/> pm
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Address (complete only different than shown above)

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS

11/10/2021 - Emailed to def's supervisor

12/01/2021 - Executed waiver received via email

RECEIVED

By U.S. Marshals Service, Eastern Wisconsin at 1:22 pm, Nov 10, 2021

U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURNSee ["Instructions for Service of Process by U.S. Marshal"](#)

PLAINTIFF Kelly Rainey	COURT CASE NUMBER 21-CV-1185
DEFENDANT Lewis et al	TYPE OF PROCESS Complaint, Orders, Notice, Waiver

SERVE NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT A Castillo
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Kelly Rainey 3228 Vera Ct Mount Pleasant, WI 53403	Number of process to be served with this Form 285
	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Employed at Racine Sheriff's Office

Signature of Attorney or other Originator requesting service on behalf of: Kelly Rainey	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
			11/10/2021

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process 1	District of Origin No. 89	District to Serve No. 89	Signature of Authorized USMS Deputy or Clerk <i>Yvonne L. Gardner</i>	Date 11/10/2021
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	Date	Time	<input type="checkbox"/> am <input type="checkbox"/> pm
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Address (*complete only different than shown above*)

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges <i>(including endeavors)</i>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS

11/10/2021 - Emailed to def's supervisor

12/01/2021 - Executed waiver received via email

RECEIVED

By U.S. Marshals Service, Eastern Wisconsin at 1:25 pm, Nov 10, 2021

U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURNSee ["Instructions for Service of Process by U.S. Marshal"](#)

PLAINTIFF Kelly Rainey	COURT CASE NUMBER 21-CV-1185
DEFENDANT Lewis et al	TYPE OF PROCESS Complaint, Orders, Notice, Waiver

SERVE NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT Donald E Vandervest
 { ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Kelly Rainey 3228 Vera Ct Mount Pleasant, WI 53403	Number of process to be served with this Form 285
	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Employed at Racine Sheriff's Office

Signature of Attorney or other Originator requesting service on behalf of: Kelly Rainey	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
			11/10/2021

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process 1	District of Origin No. 89	District to Serve No. 89	Signature of Authorized USMS Deputy or Clerk Yvonne L. Gardner	Date 11/10/2021
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	Date	Time	<input type="checkbox"/> am <input type="checkbox"/> pm
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Address (*complete only different than shown above*)

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges <i>(including endeavors)</i>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS

11/10/2021 - Emailed to def's supervisor

12/01/2021 - Executed waiver received via email

RECEIVED

By U.S. Marshals Service, Eastern Wisconsin at 1:27 pm, Nov 10, 2021

U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURNSee ["Instructions for Service of Process by U.S. Marshal"](#)

PLAINTIFF Kelly Rainey	COURT CASE NUMBER 21-CV-1185
DEFENDANT Lewis et al	TYPE OF PROCESS Complaint, Orders, Notice, Waiver

SERVE NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT **I Chiapele**
AT **ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Kelly Rainey 3228 Vera Ct Mount Pleasant, WI 53403	Number of process to be served with this Form 285
	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Employed at Racine Sheriff's Office

Signature of Attorney or other Originator requesting service on behalf of: Kelly Rainey	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
			11/10/2021

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process 1	District of Origin No. 89	District to Serve No. 89	Signature of Authorized USMS Deputy or Clerk Yvonne L. Gardner	Date 11/10/2021
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	Date	Time	<input type="checkbox"/> am <input type="checkbox"/> pm

Address (*complete only different than shown above*)

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges <i>(including endeavors)</i>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS

11/10/2021 - Emailed to def's supervisor
12/01/2021 - Executed waiver received via email

RECEIVED

By U.S. Marshals Service, Eastern Wisconsin at 1:29 pm, Nov 10, 2021

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURNSee ["Instructions for Service of Process by U.S. Marshal"](#)

PLAINTIFF Kelly Rainey	COURT CASE NUMBER 21-CV-1185
DEFENDANT Lewis et al	TYPE OF PROCESS Complaint, Orders, Notice, Waiver

SERVE NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT Inv Jesse Lewis
 { ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
Kelly Rainey 3228 Vera Ct Mount Pleasant, WI 53403	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Employed at Racine Sheriff's Office

Signature of Attorney or other Originator requesting service on behalf of: <u>Kelly Rainey</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
			11/10/2021

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>89</u>	District to Serve No. <u>89</u>	Signature of Authorized USMS Deputy or Clerk <i>Yvonne L. Gardner</i>	Date 11/10/2021
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date	Time	<input type="checkbox"/> am <input type="checkbox"/> pm
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Address (complete only different than shown above)

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS

11/10/2021 - Emailed to def's supervisor

12/01/2021 - Executed waiver received via email

RECEIVED

By U.S. Marshals Service, Eastern Wisconsin at 1:31 pm, Nov 10, 2021

U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURNSee ["Instructions for Service of Process by U.S. Marshal"](#)**PLAINTIFF**

Kelly Rainey

COURT CASE NUMBER

21-CV-1185

DEFENDANT

Lewis et al

TYPE OF PROCESS

Complaint, Orders, Notice, Waiver

NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

SERVE J Muller**AT**

{ ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)}

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Kelly Rainey
3228 Vera Ct
Mount Pleasant, WI 53403

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Employed at Racine Sheriff's Office

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
Kelly Rainey	<input type="checkbox"/> DEFENDANT		11/10/2021

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	No. 89	No. 89	<i>Yvonne L. Gardner</i>	11/10/2021

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	Date	Time	<input type="checkbox"/> am
			<input type="checkbox"/> pm

Address (*complete only different than shown above*)

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges <i>(including endeavors)</i>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS

11/10/2021 - Emailed to def's supervisor

12/01/2021 - Executed waiver received via email

RECEIVED

By U.S. Marshals Service, Eastern Wisconsin at 1:33 pm, Nov 10, 2021

U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURNSee ["Instructions for Service of Process by U.S. Marshal"](#)

PLAINTIFF Kelly Rainey	COURT CASE NUMBER 21-CV-1185
DEFENDANT Lewis et al	TYPE OF PROCESS Complaint, Orders, Notice, Waiver

SERVE NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT { R Christman
} ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Kelly Rainey 3228 Vera Ct Mount Pleasant, WI 53403	Number of process to be served with this Form 285
	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Employed at Racine Sheriff's Office

Signature of Attorney or other Originator requesting service on behalf of: Kelly Rainey	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
			11/10/2021

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 89	District to Serve No. 89	Signature of Authorized USMS Deputy or Clerk Yvonne L. Gardner	Date 11/10/2021
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date	Time	<input type="checkbox"/> am <input type="checkbox"/> pm

Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS

11/10/2021 - Emailed to def's supervisor
12/01/2021 - Executed waiver received via email

RECEIVED

By U.S. Marshals Service, Eastern Wisconsin at 1:34 pm, Nov 10, 2021

U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURNSee ["Instructions for Service of Process by U.S. Marshal"](#)

PLAINTIFF Kelly Rainey	COURT CASE NUMBER 21-CV-1185
DEFENDANT Lewis et al	TYPE OF PROCESS Complaint, Orders, Notice, Waiver
NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE R Rager AT { ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Kelly Rainey 3228 Vera Ct Mount Pleasant, WI 53403	Number of process to be served with this Form 285
	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Employed at Racine Sheriff's Office

Signature of Attorney or other Originator requesting service on behalf of: Kelly Rainey	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
			11/10/2021

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process 1	District of Origin No. 89	District to Serve No. 89	Signature of Authorized USMS Deputy or Clerk Yvonne L. Gardner	Date 11/10/2021
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	Date	Time	<input type="checkbox"/> am <input type="checkbox"/> pm

Address (*complete only different than shown above*)

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges <i>(including endeavors)</i>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS

11/10/2021 - Emailed to def's supervisor

12/01/2021 - Executed waiver received via email

RECEIVED

By U.S. Marshals Service, Eastern Wisconsin at 1:38 pm, Nov 10, 2021

U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURNSee ["Instructions for Service of Process by U.S. Marshal"](#)

PLAINTIFF Kelly Rainey	COURT CASE NUMBER 21-CV-1185
DEFENDANT Lewis et al	TYPE OF PROCESS Complaint, Orders, Notice, Waiver

SERVE NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT Sgt K Dobesh
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Kelly Rainey 3228 Vera Ct Mount Pleasant, WI 53403	Number of process to be served with this Form 285
	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Employed at Racine Sheriff's Office

Signature of Attorney or other Originator requesting service on behalf of: Kelly Rainey	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
			11/10/2021

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process 1	District of Origin No. 89	District to Serve No. 89	Signature of Authorized USMS Deputy or Clerk <i>Yvonne L. Gardner</i>	Date 11/10/2021
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	Date	Time	<input type="checkbox"/> am <input type="checkbox"/> pm
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Address (*complete only different than shown above*)

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges <i>(including endeavors)</i>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS

11/10/2021 - Emailed to def's supervisor
12/01/2021 - Executed waiver received via email

RECEIVED

By U.S. Marshals Service, Eastern Wisconsin at 12:52 pm, Nov 10, 2021

U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURNSee ["Instructions for Service of Process by U.S. Marshal"](#)

PLAINTIFF Kelly Rainey	COURT CASE NUMBER 21-CV-1185
DEFENDANT Lewis et al	TYPE OF PROCESS Complaint, Orders, Notice, Waiver

SERVE NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT Sheriff Christopher Schmaling
 { ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Kelly Rainey 3228 Vera Ct Mount Pleasant, WI 53403	Number of process to be served with this Form 285
	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Employed at Racine Sheriff's Office

Signature of Attorney or other Originator requesting service on behalf of: Kelly Rainey	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
			11/10/2021

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 89	District to Serve No. 89	Signature of Authorized USMS Deputy or Clerk <i>Yvonne L. Gardner</i>	Date 11/10/2021
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date	Time	<input type="checkbox"/> am <input type="checkbox"/> pm
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Address (complete only different than shown above)

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS

11/10/2021 - Emailed to def's supervisor
12/01/2021 - Executed waiver received via email